

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET | | | | | | | Application Number | | Filing Date | | | | |
|---|----------|--------|--------------------------|--------|---------------------------|--------|---|-------|-------------|-------|--------|-------|--------|
| Substitute for Form PTO-1360 (For use with Form PTO/SB/06) | | | | | | | 10575367 | | | | | | |
| | | | | | | | Applicant(s) Henri ROSSET | | | | | | |
| | | | | | | | * May be used for additional claims or amendments | | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | * | | * | | * | |
| | Indep | Depend | Indep | Depend | Indep | Depend | | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | 1 | | --- | --- | | | | | | | | | |
| 2 | | 1 | --- | --- | | | | | | | | | |
| 3 | | 1 | --- | --- | | | | | | | | | |
| 4 | | 3 | --- | --- | | | | | | | | | |
| 5 | | 3 | --- | --- | | | | | | | | | |
| 6 | | (1) | --- | --- | | | | | | | | | |
| 7 | | (1) | --- | --- | | | | | | | | | |
| 8 | | (1) | --- | --- | | | | | | | | | |
| 9 | | (1) | --- | --- | | | | | | | | | |
| 10 | | (1) | --- | --- | | | | | | | | | |
| 11 | | (1) | --- | --- | | | | | | | | | |
| 12 | | (1) | --- | --- | | | | | | | | | |
| 13 | | (1) | --- | --- | | | | | | | | | |
| 14 | | (1) | --- | --- | | | | | | | | | |
| 15 | | (1) | --- | --- | | | | | | | | | |
| 16 | | (1) | --- | --- | | | | | | | | | |
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| 18 | | | | 1 | | | | | | | | | |
| 19 | | | | 1 | | | | | | | | | |
| 20 | | | | 1 | | | | | | | | | |
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| Total Indep | 1 | | 2 | | 0 | | | | | | | | |
| Total Depend | 19 | ↙ | 26 | ↙ | 0 | ↙ | | | | | | | |
| Total Claims | 20 | | 28 | | 0 | | | | | | | | |

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